

Name  
in  
Full

Chas Arthur

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Nov	20	Age	76		
Sex	Male	Color or Race	Colored	Birth-place	Unknown		
Occupation	Farm Laborer			Where Residing if not at place of death	Mortonsburg		
Married, Single or Widowed	Widowed		Name of Wife or Husband	Harriet S. Brownson			
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown		
Name of person giving Information	Watley C. <del>Ad</del> man			How related to deceased	Son-in-law		

## CAUSES OF DEATH

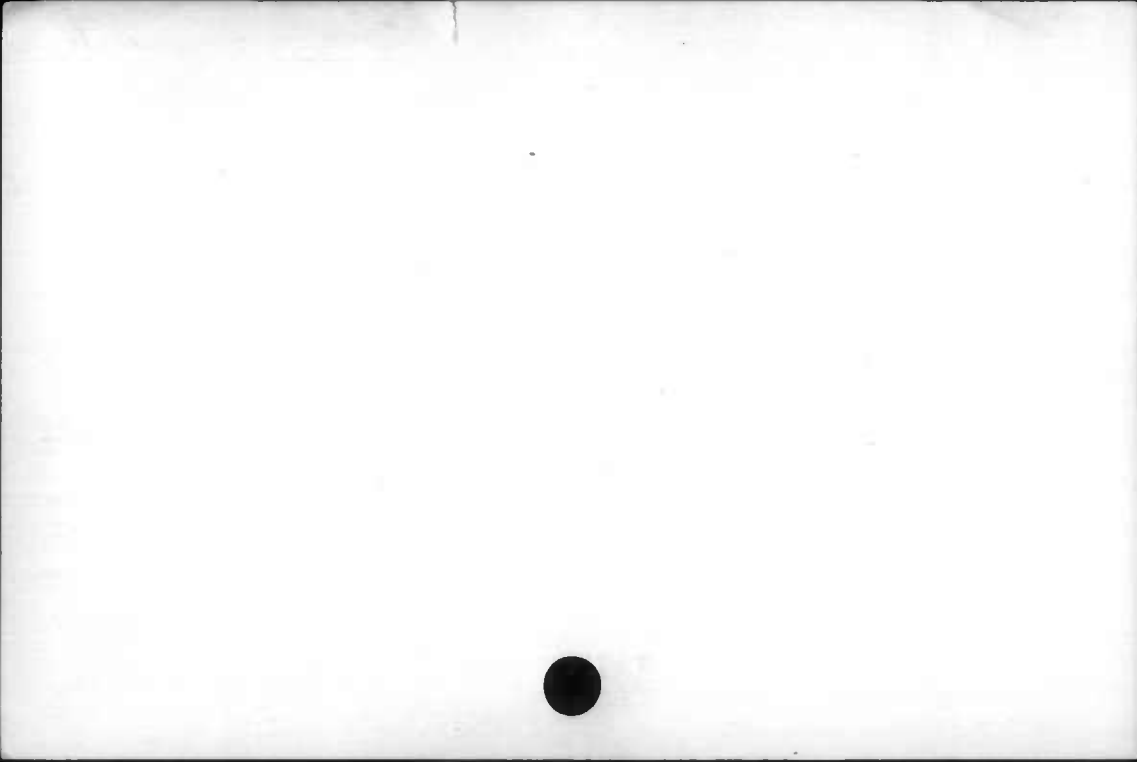
79

How long

✓

PHYSICIAN  
OR CORONER

Primary	Mitral Insufficiency		How long	Unknown
Immediate	Cardiac Asthenia		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		as		
near as possible		Signature of Physician	E. W. White.	
		Address	Poolesville Md.	
Accident or Suicide				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Ruth Offord &amp; Aukard</i>		Town <i>Sandy Spring (near)</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Sandy Spring (near)</i>		Month <i>Nov</i>		Day <i>7</i>		Years <i>36</i>	
Date of death <i>1909</i>		Month <i>Nov</i>		Day <i>7</i>		Age <i>36</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Sandy Spring Md</i>			
Occupation <i>House Servant</i>		Where Residing if not at place of death <i>Philadelphia Pa</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Presley Offord</i>		Father's Birthplace <i>Sandy Spring</i>		Mother's Birthplace <i>" "</i>			
Mother's Maiden Name <i>Lavinia Offord</i>		Mother's Birthplace <i>" "</i>		How related to deceased <i>Nephew</i>			
Name of person giving information <i>Agustus Offord</i>							

## CAUSES OF DEATH

68

PHYSICIAN  
OR CORONER

Primary <i>Mental degeneration</i>		How long <i>Nine months</i>	
Immediate <i>Dementia Manicholia</i>		How long <i>Six "</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. M. Jaddings M.D.</i>	
		Address <i>Sandy Spring Md</i>	
Accident or Suicide? <i>Natural Causes</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

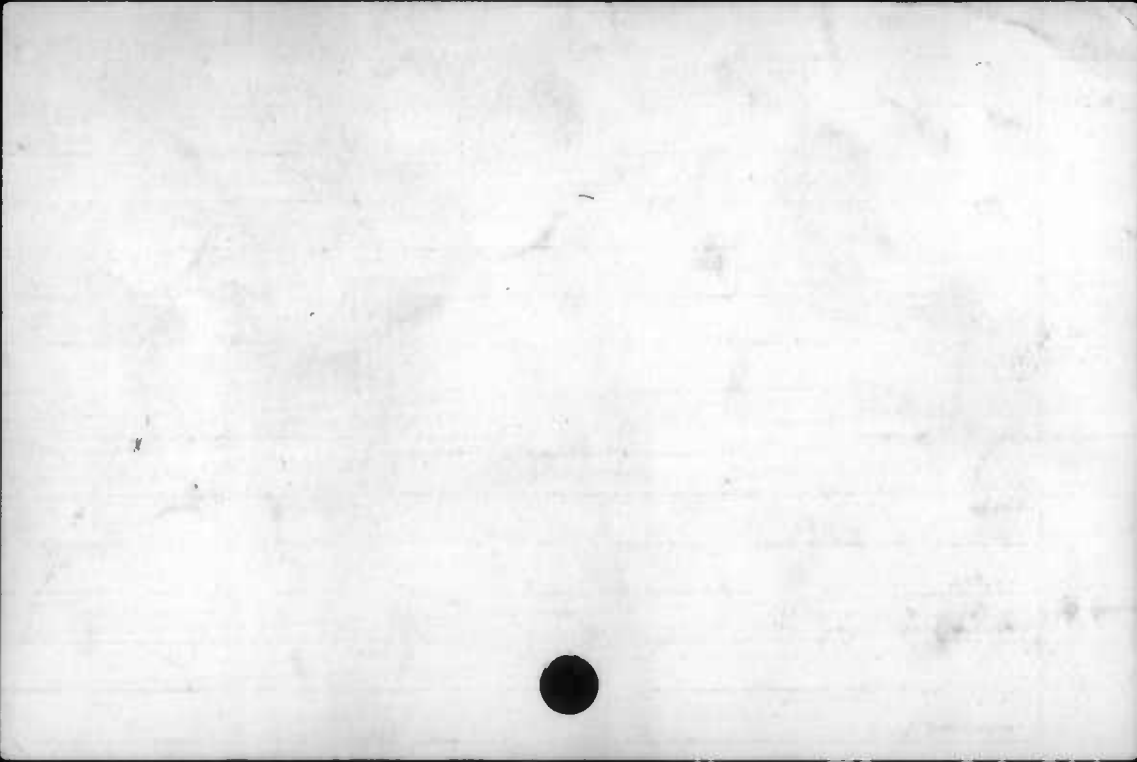
Name in Full <b>Louisa Breaux</b>		Town <b>Marble</b>		County <b>Harford</b>		STATE <b>MARYLAND</b>	
Died at <b>Marble</b>		Month <b>Nov</b>		Day <b>21</b>		Age <b>25</b>	
Date of death <b>1909</b>		Month <b>Nov</b>		Day <b>21</b>		Age <b>25</b>	
Sex <b>Female</b>		Color or Race <b>Colored</b>		Birth-place <b>Mo</b>			
Occupation <b>Washerwoman</b>		Where Residing if not at place of death <b>X</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Joe Breaux</b>					
Father's Name <b>Wm</b>		Father's Birthplace <b>Mo</b>					
Mother's Maiden Name <b>Wm</b>		Mother's Birthplace <b>Mo</b>					
Name of person giving information <b>Lee</b>		How related to deceased <b>X</b>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <b>Pulmonary Tuberculosis</b>		How long <b>2 or 3 years</b>	
Immediate <b>Exhaustion</b>		How long <b>X</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Dr. L. W. Thacker</b>	
		Address <b>Rockville Md</b>	
Accident or Suicide?			



Name  
in  
Full

Dr Mentern Stauley - Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

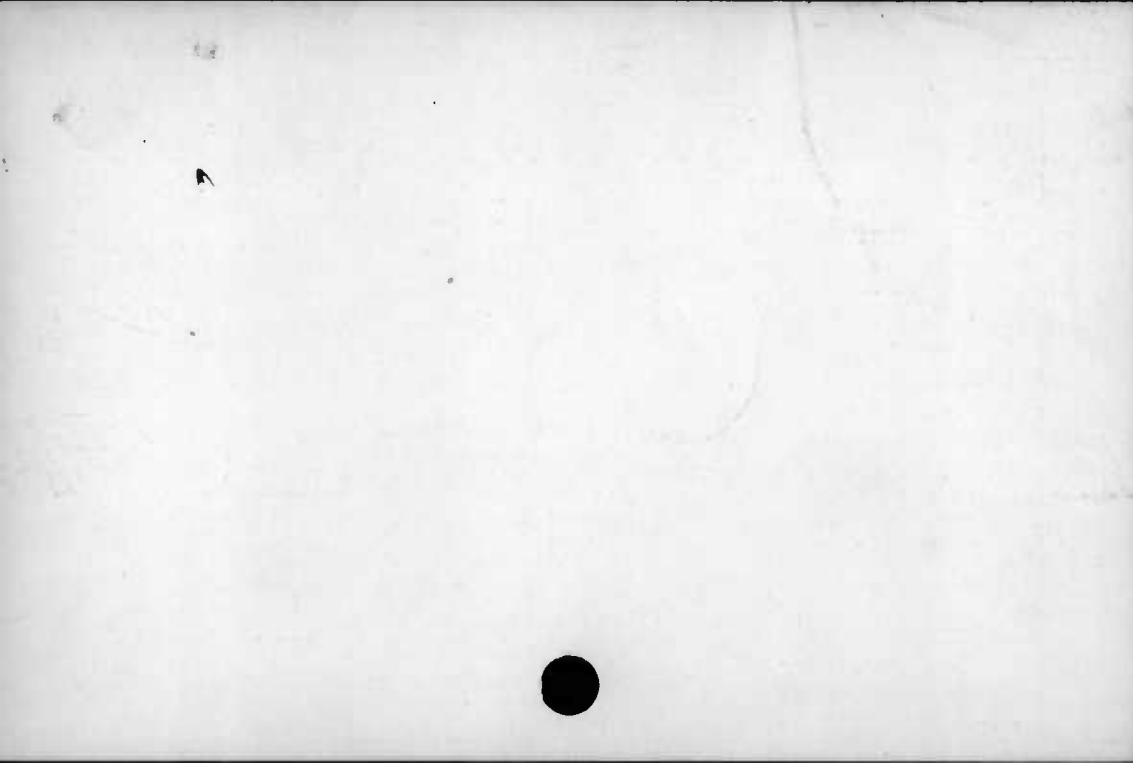
Died at		Town <i>Takoma Park</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1909	Month <i>Nov.</i>	Day <i>22</i>	Age <i>61</i>	Years	Months <i>Ten</i>	Days <i>nine</i>
Sex <i>Male</i>	Color or Race <i>white</i>			Birth-place <i>Washington D.C.</i>			
Occupation <i>Dentist</i>				Where Residing if not at place of death <i>812, 13<sup>th</sup> St., Wash. D.C.</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or <del>Husband</del> <i>Mary E. Brown</i>					
Father's Name <i>John L. Brown</i>				Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Elizabeth Marr.</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Matthew Stauley - Brown</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Bronchitis &amp; rheumatism</i>	How long <i>months</i>
Immediate	<i>Pneumonia</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Lauritta Kress</i>
		Address <i>Takoma Park</i>
Accident or Suicide? <i>—</i>		<i>(Sanitarium)</i> <i>D.C.</i>





Thos. Clagett

**TO BE ANSWERED BY  
NEAREST FRIEND**

Died at <i>Roadville</i>		Town <i>Roadville</i>		County <i>Worcester</i>		STATE OF <b>MARYLAND</b>	
Date of death 190 <i>9</i>		Month <i>11</i>		Day <i>25</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Caucas.</i>		Birth-place <i>Ind</i>		Months <i>5</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					

Marriad, Single or Widowed	<hr/>	Name of Wife or Husband
-------------------------------	-------	----------------------------

Father's Name Mans Fred Claquet

Father's Birthplace *NY*

Mother's  
Maiden Name *Leopoldine Hanschke*

Mother's Birthplace *Ind*

Name of parson giving information Markus J. Elmer

How related to deceased *Father*

### CAUSES OF DEATH

10

Primary *Diff & Long Contraction*  
Immediate *Ext. Duration*

How long / wk

Immediate

How long \_\_\_\_\_

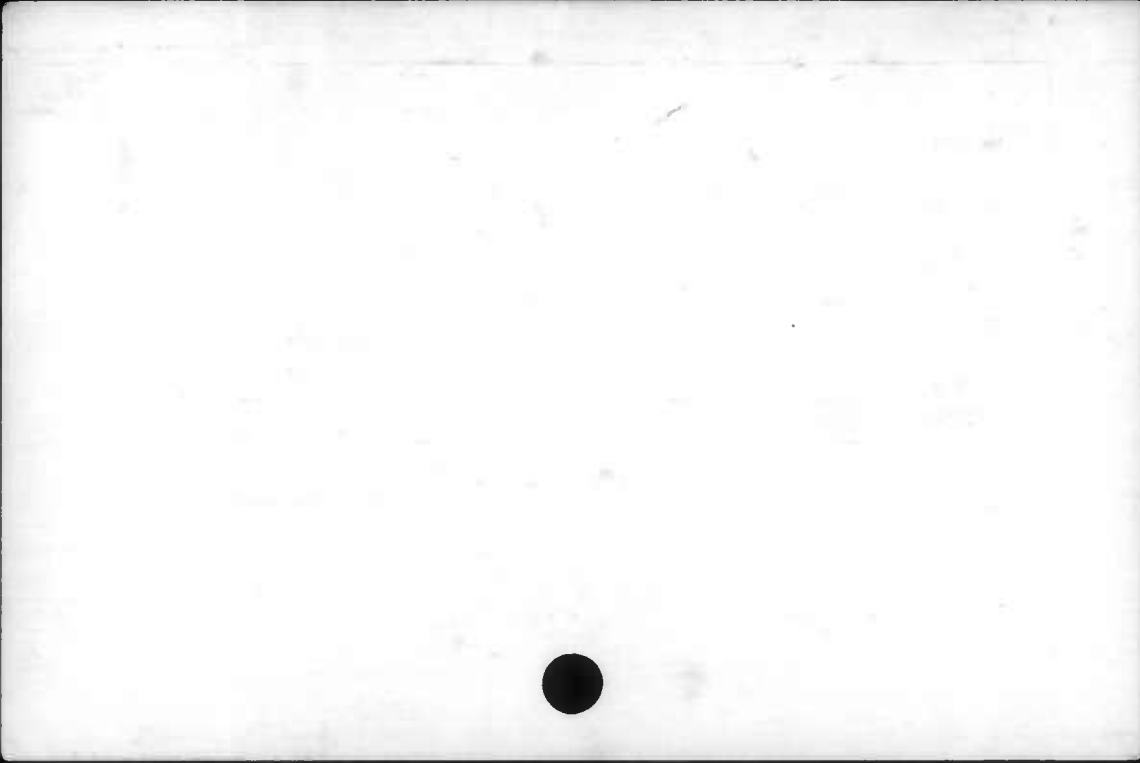
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

### Address

### Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Anna Cole

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

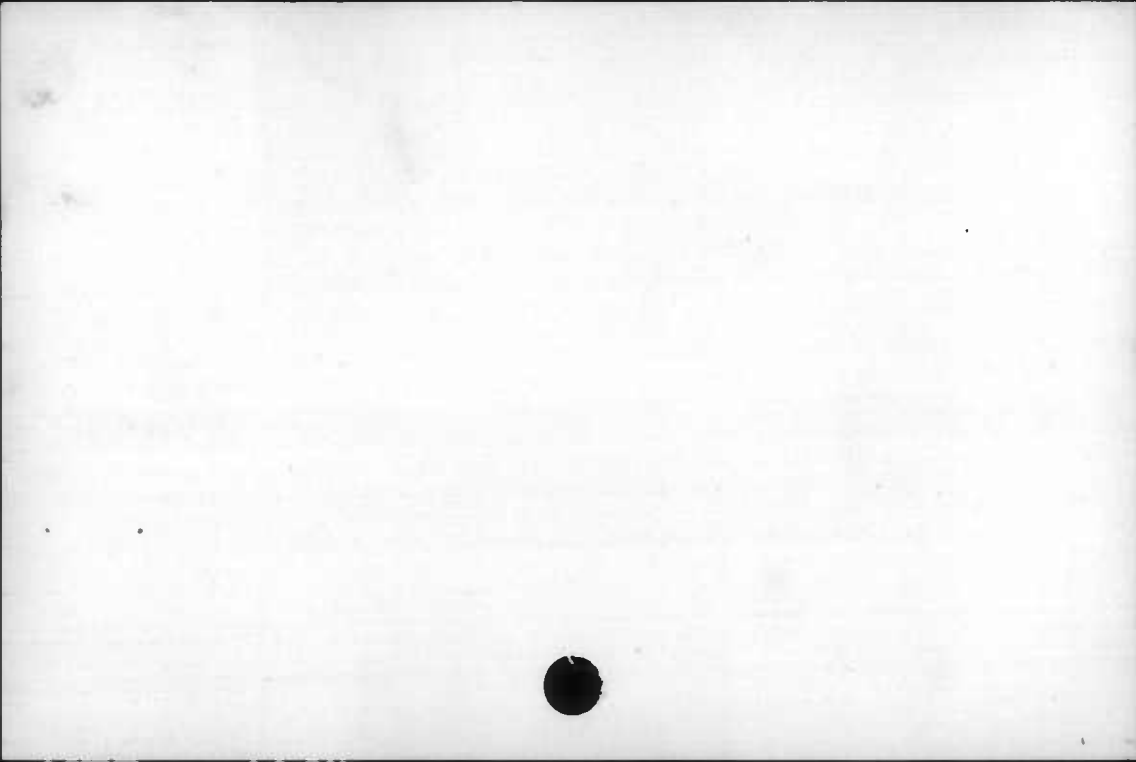
Died at		Town Olney		County Montgomery		MARYLAND	
Date of death	1909	Month Nov.	Day 26	Age -	Years	Months 9	Days 25
Sex	Female		Color or Race	Colored		Birth- place	Montg. Co. Md.
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband None				
Father's Name	Chas. Cook (Illegitimate)					Father's Birthplace	Montg. Co. Md.
Mother's Maiden Name	Blanche D. Cole					Mother's Birthplace	Montg. Co. Md.
Name of person giving In formation	John Cole, Jr.					How related to deceased	Niece

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Pneumonia.		How long	✓ About 5 days
Immediate	Asthenia.		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Chas. Farguhar.
			Address	Olney. Md.
Accident or Suicide?				



Name  
in  
Full

Sarah L. G. Dickson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Danversville County MARYLAND

Date of death 1909 11 18 Age 38 Month Days

Sex Female Color or Race Negro Birth-place W. Va.

Occupation School teacher Where Residing if not at place of death —

~~Married~~ Single ~~Name of Wife or Husband~~

Father's Name Malinda Clayton Dickson Father's Birthplace Ind

Mother's Maiden Name Malinda Gores Mother's Birthplace N.Y.

Name of person giving Information Sister How related to deceased Sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Chronic nephritis 120 How long 5 yrs

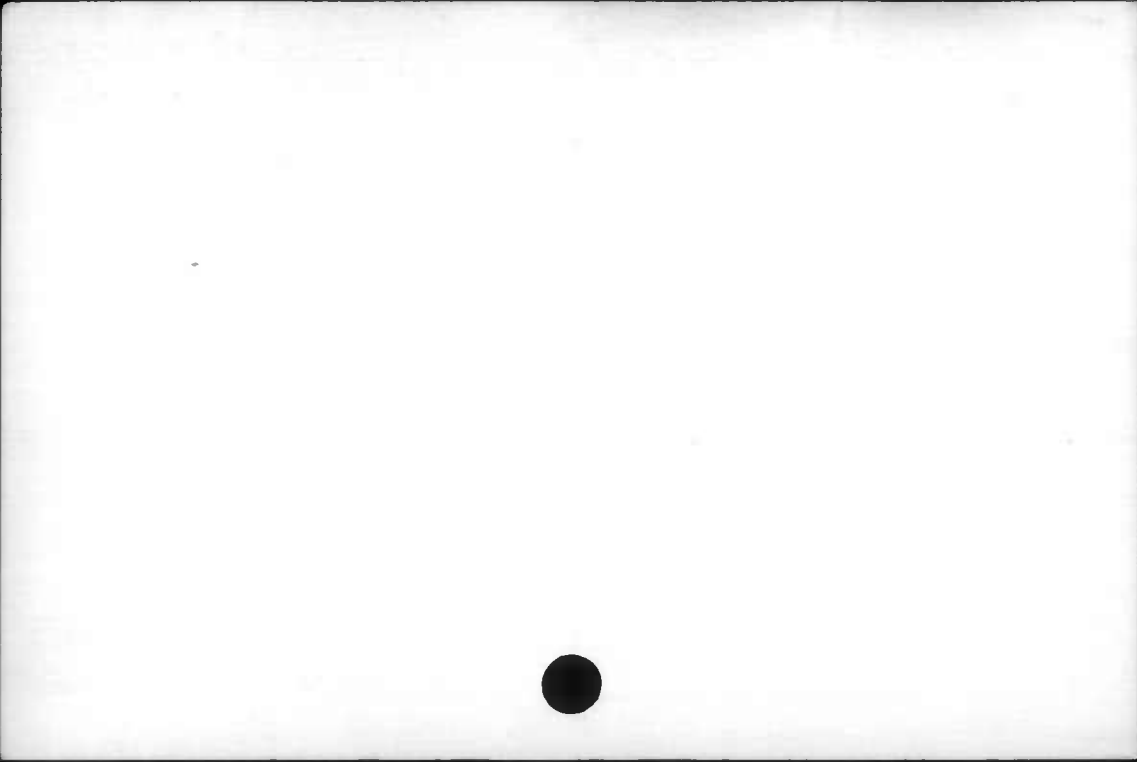
Immediate Uremic coma How long 2 da.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. D. House M. D.

Address Danversville Ind

Accident or Suicide —



Name  
in  
Full

Mary Edith Farguhar

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

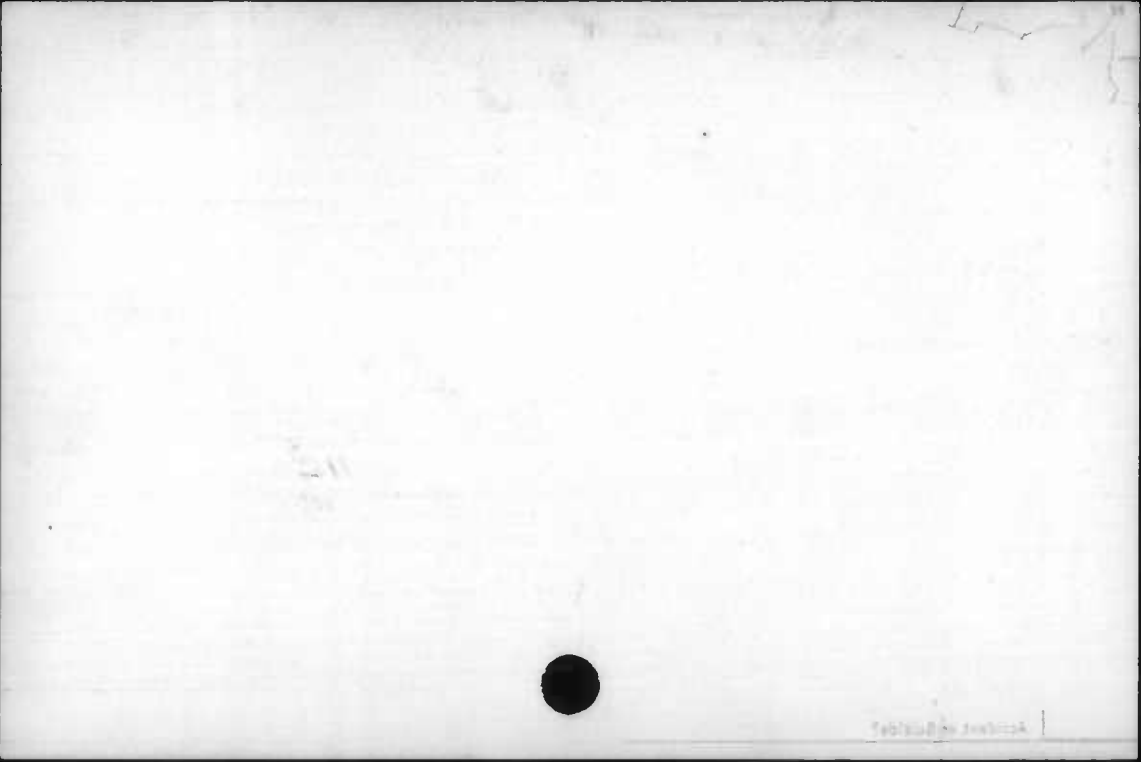
Died at <i>Olney</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Nov.</i>	Day	<i>19</i>
Age		<i>70</i>		Years	<i>—</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Olney, Md.</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Chas. Farguhar, Jr.</i>			Father's Birthplace	<i>York, Penna.</i>
Mother's Maiden Name	<i>Sarah Brooke</i>			Mother's Birthplace	<i>Montg. Co., Md.</i>
Name of person giving information	<i>Chas. Farguhar, Jr.</i>			How related to deceased	<i>Brother</i>

## CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

Primary	<i>Sclerosis of the Liver.</i>	How long	<i>About 18 months</i>
Immediate	<i>Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. F. Green for the Dr.</i>
		Address	<i>Brookerville, Md.</i>
			<i>Rev. H. O.</i>
Accident or Suicide?			





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>J. Benj. Slack</i>		County <i>Montgomery</i>		MARYLAND	
Month <i>Nov.</i>		Day <i>20<sup>th</sup></i>		Years <i>24</i>	
Date of death 190 <i>9</i>		Age <i>24</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Joseph Slack</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Elizabeth Dean</i>		Mother's Birthplace <i>md</i>			
Name of person giving Information <i>Wm Offutt</i>		How related to deceased <i>Not related</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cause of Death <i>Direct Violence from flying</i>		How long <i>—</i>	
<i>bullet passing through</i>		<i>12 or 14 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Eugene Jones</i>	
Address <i>—</i>		Address <i>Kearneyton</i>	
Accident or Suicide <i>Accident</i>			

Joseph Benjamin Black.

18

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Joseph F. Hartner Jr.

Town

County

MARYLAND

Died at Dansonville

Monday

Date

of death

1909

Month

11

Day

31

Age

Years

Months

Days

8

Sex

Male

Color or  
Race

White

Birth-  
place

Dansonville Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Albert F Hartner Sr

Father's  
Birthplace

Fulton Co Pa

Mother's  
Maiden Name

Gertrude Jutter

Mother's  
Birthplace

Md

Name of person giving  
Information

Albert Hartner Sr.

How related  
to deceased

Father

## CAUSES OF DEATH

152

Primary

Cyanosis manatorem

How long

3 da

Immediate

Asphyxia

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

H. D. Towse M.D.  
Dansonville Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Zachariah Gray

## CERTIFICATE OF DEATH

Died at *Wheaton*

Town

County

*Montgomery*

MARYLAND

Date

of death *1909*

Month

*Nov*

Day

*29*

Age

Years

*67*

Months

*10*

Days

*19*

Sex

*Male*Color of  
Race*White*Birth-  
place*Md.*

Occupation

*Farmer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*John Gray*Father's  
Birthplace*Md.*Mother's  
Maiden Name*Jane Ellen Moran*Mother's  
Birthplace*"*Name of person giving  
Information*Thos Gray*How related  
to deceased*Brother*

## CAUSES OF DEATH

*120*

Primary

*Chronic Nephritis*

How long

*1 yr*

Immediate

*Gen Anasarca*

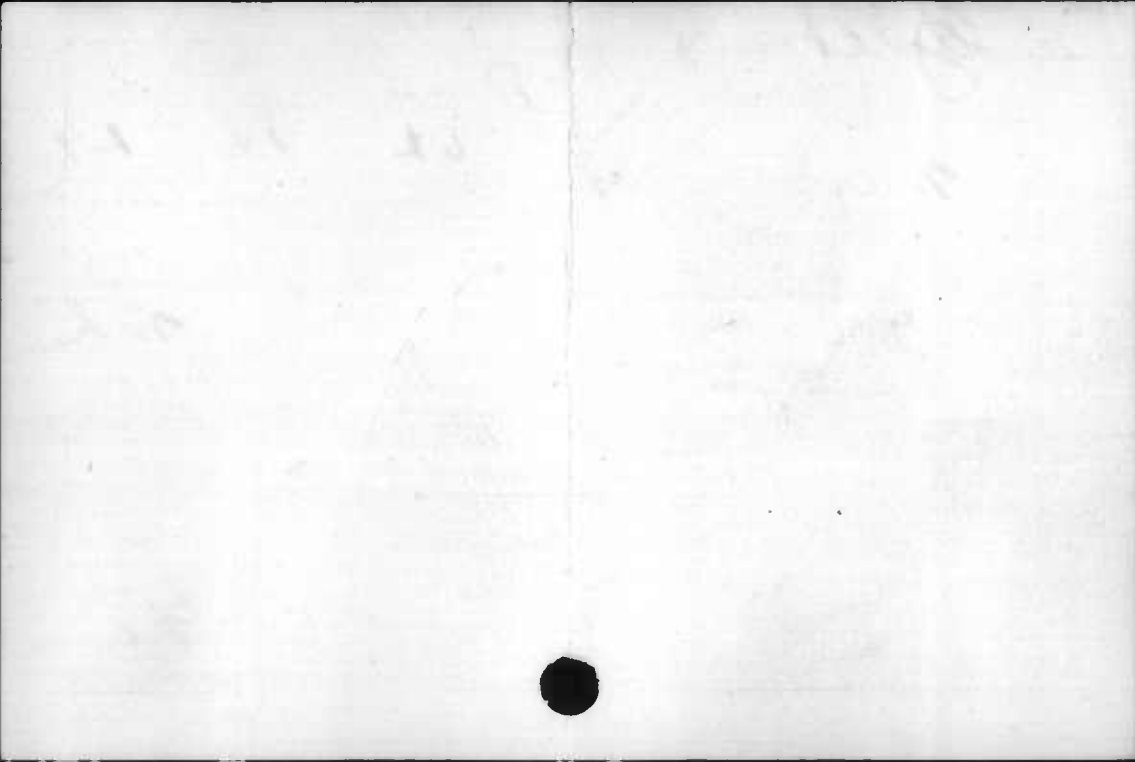
How long

*1 mo*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*W. S. Brown*  
*Silver Spring*

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

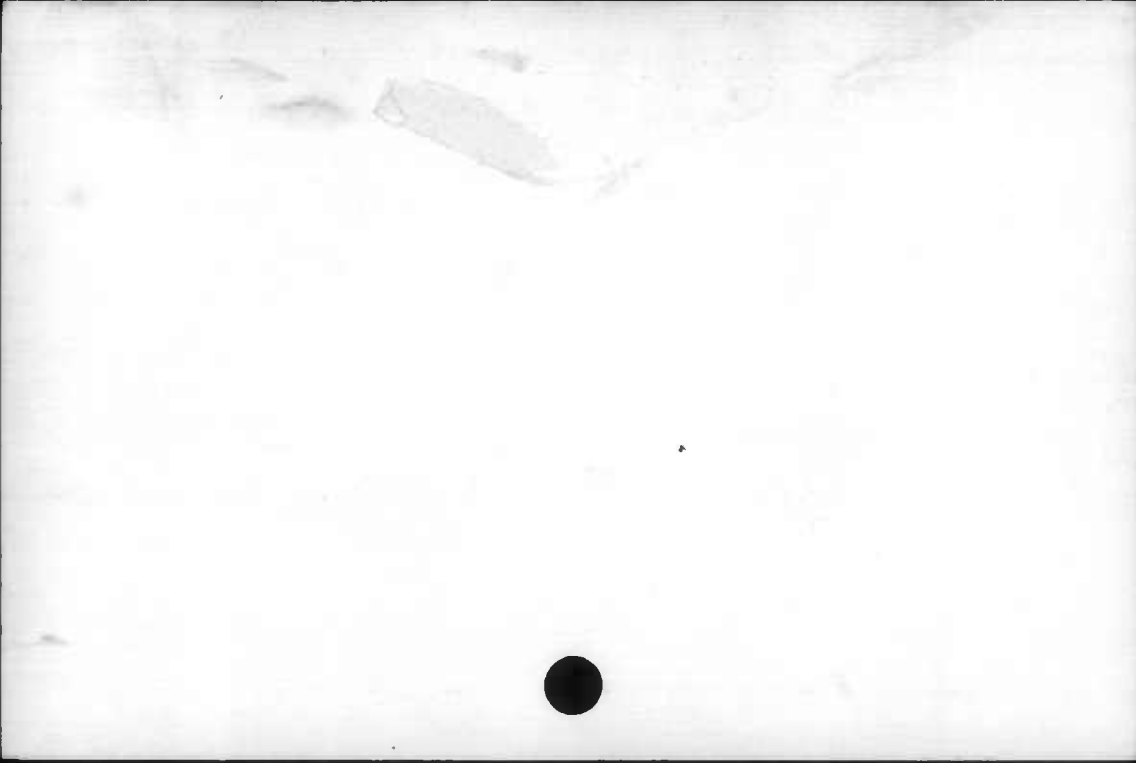
TO BE ANSWERED BY  
NEAREST FRIEND

*W. Cephus Hardy*  
 Died at *Kennington* Town *Marble Grove* County **MARYLAND**  
 Date of death 190 *9* Month *Nov.* Day *14* Age *76* Months *6* Days  
 Sex *male* Color or Race *White* Birthplace *md*  
 Occupation *none* Where Residing if not at place of death *same*  
 Married, Single or Widowed *married* Name of Wife or Husband *Amanda Ball Hardy*  
 Father's Name *John B. Hardy* Father's Birthplace *md*  
 Mother's Maiden Name *Minnie Loral* Mother's Birthplace *md*  
 Name of person giving Information *Amanda Hardy* How related to deceased *Sister*

## CAUSES OF DEATH

Primary *Chronic Bronchitis* How long *2 years*  
 Immediate *Acute Nephritis* How long *one week*  
 Are the name, age, sex, color, date and place correctly given above? *yes*  
 Signature of Physician *Aug. J. Jones*  
 Address *Kennington*  
 Accident or Suicide *no*

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Olney</u> Town		<u>Hewes</u> County		MARYLAND	
Date of death	1909	Month	Nov.	Day	3
Sex	Female	Color or Race	White	Age	—
Occupation	None	Birth-place	Montg. Co., Md.	Months	—
Where Residing if not at place of death		None			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Reuben P. Hewes	Father's Birthplace			
Mother's Maiden Name	Mary E. Burris	Mother's Birthplace			
Name of person giving information	R. P. Hewes	How related to deceased			
		Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature birth	How long	8
Immediate		How long	✓
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Chas. Farguhar		
	Address		
	Olney		
	Md.		
Accident or Suicide?			



Name  
in  
Full

Charlotte Parkman Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Frost Green <sup>County</sup> Montg. MARYLAND

Date of death 1909 Nov 13 Age 64 - Months - Days -

Sex Female Color or Race white Birth-place Md

Occupation Housewife Where Residing if not at place of death same

Married, Single or Widowed Married Name of Wife or Husband Thomas J. Holland

Father's Name Parkman Father's Birthplace England

Mother's Maiden Name - Mother's Birthplace unknown

Name of person giving Information Thos. J. Holland How related to deceased Husband

## CAUSES OF DEATH

Primary La Grippe How long 10 weeks ✓

Immediate Pneumonia How long 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

W. L. Lewis

Address

Kensington Md

Accident or Suicide no

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Woodfield</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i> <small>Month</small>	<i>Nov.</i> <small>Day</small>	<i>1st</i> <small>Years</small>	<i>67</i> <small>Months</small>	<i>11</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fred. Co., Md.</i>		
Occupation <i>Retired Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary King</i>				
Father's Name <i>Singleton King</i>	Father's Birthplace <i>Montg. Co., Md.</i>				
Mother's Maiden Name <i>Jane Lewis</i>	Mother's Birthplace <i>Montg. Co., Md.</i>				
Name of person giving information <i>Mrs. Mary King</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>Unknown</i>
Immediate <i>Uremic Coma</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo M. Boyer</i>
	Address <i>Dunnacree, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Spencer L. Lynn

## CERTIFICATE OF DEATH

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NEAREST FRIEND

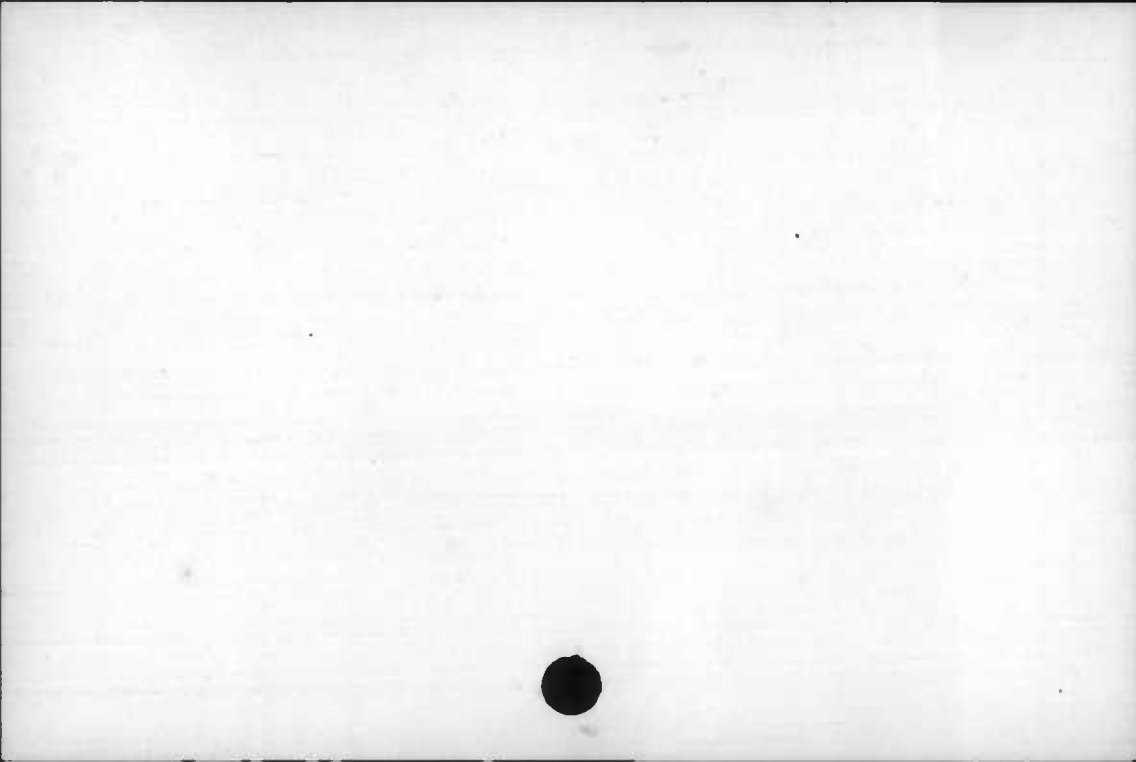
Died at <i>Grifton</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i> <sup>Month</sup>	<i>Nov</i> <sup>Day</sup>	<i>14</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup>	<i>9</i> <sup>Days</sup>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Montg. Co. Md.</i>
Occupation	<i>None</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>None</i>		
Father's Name	<i>Charles Lynn</i>			Father's Birthplace	<i>Montg. Co. Md.</i>
Mother's Maiden Name	<i>Aliee Diggs</i>			Mother's Birthplace	<i>Montg. Co. Md.</i>
Name of person giving information	<i>James Gailther</i>			How related to deceased	<i>No relation</i>

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>Catarrhal Pneumonia</i>	How long	<i>About a week</i>
Immediate	<i>Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. Farguhar</i>
		Address	<i>Alley</i>
			<i>Md.</i>
Accident or Suicide?			





Name  
in  
Full

Henry William Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Takoma Pk.		County Montgomery		MARYLAND				
Date of death		1909	Month November	Day 8 <sup>th</sup>	Age	38	Years 8	Months 22	Days	
Sex		Male		Color or Race		White		Birth- place		Washington D.C.
Occupation		Restaurant		Where Residing if not at place of death		533-8 <sup>th</sup> St. S.E. Washington D.C.				
Married, Single or Widowed		Married		Name of Wife or Husband		Carrie Ursula Miller Washington D.C.				
Father's Name		Charles Howard Miller				Father's Birthplace		Baltimore Md		
Mother's Maiden Name		Catherine Menges				Mother's Birthplace		Germany		
Name of person giving Information		Charles Howard Miller				How related to deceased		Brother		

## CAUSES OF DEATH

114

PHYSICIAN  
OR CORONER

Primary	Thrombosis of veins (multiple)	How long	About 18 months
Immediate	Abscess of liver	How long	4 Months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		S. H. Press	
Address		Takoma Pk.	
Accident or Suicide			

Noby

Name  
in  
Full

Katie O'Connor

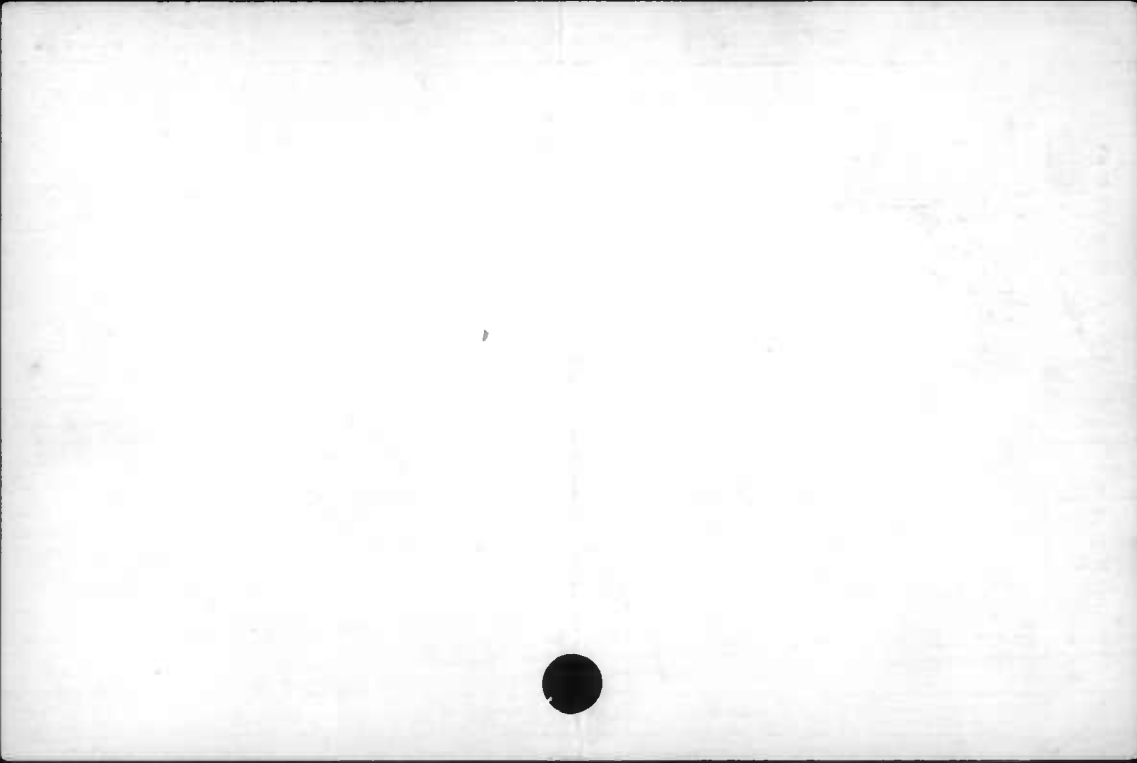
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Friendship Heights		Co. Mt. County		Maryland			
Date of death	1909	Month	9	Day	10 <sup>th</sup>	Age	27
Sex	Female	Color or Race	white	Birthplace	Ireland		
Occupation	home work	Where Residing if not at place of death		Friendship Heights			
Married, Single or Widowed	Single	Name of Wife or Husband		—			
Father's Name	Gregory O'Connor	Father's Birthplace		Ireland			
Mother's Maiden Name	Mary Griffin	Mother's Birthplace		Ireland			
Name of person giving Information	Dennis M. Flanagan		How related to deceased		Intended Husband		

CAUSES OF DEATH

Primary	Typhoid Fever	How long	1 week
Immediate	Pneumonia, Heart failure	How long	4 free days
Are the name, age, sex, color, data and place correctly given above?	Yes	Signature of Physician	W. R. Moulden
		Address	Bethesda, Md.
Accident or Suicide			



Name in Full		Town		County		CERTIFICATE OF DEATH	
Allen O. Orme		Barnesville		Montgomery		<div>1500</div> <div>MARYLAND</div>	
Died at		Date of death		Age		Months Days	
		1909 Nov. 11		63			
Sex		Color or Race		Birth-place			
Male		White		Virginia			
Occupation		Where Residing if not at place of death					
Wheel-wright		at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Married							
Father's Name		Father's Birthplace					
Unknown		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Unknown					
Name of person giving information		How related to deceased					
Chas. Orme							
CAUSES OF DEATH							
Primary		How long					
Immediate		How long					
Chronic Interstitial Nephritis							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
		Address					
Accident or Suicide?							

Related TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name  
is  
Full

R. Saunders Shield

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Washington Grove</i>		Town <i>Montgomery</i>		County	
Date of death <i>1909</i>		Month <i>November</i>	Day <i>9</i>	Age <i>40</i>	Years
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>York Co., Va</i>	
Occupation <i>Insurance Agent</i>		Where Residing if not at place of death <i>Newport News, Va</i>		Months <i>2</i>	
Married, Single or <del>Widowed</del>		Name of Wife or Husband		Days <i>20</i>	
Father's Name <i>Robert Shield</i>		Father's Birthplace <i>York Co., Va</i>			
Mother's Maiden Name <i>Eugenia Baytop</i>		Mother's Birthplace <i>Gloucester Co., Va</i>			
Name of person giving Information <i>Mrs. Cora C. Sinclair</i>		How related to deceased <i>Half sister</i>			

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>many months</i>
Immediate <i>Pulmonary tuberculosis</i>	How long <i>many months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Lindsey</i>
Accident or Suicide <i>No</i>	Address <i>Washington Grove, Md. Stannum Sanatorium.</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mary Evelyn Smith*

Died at *Pakoma Park* <sup>Town</sup> *Montgomery* <sup>County</sup> **MARYLAND**

Date of death *1909* <sup>Month</sup> *Nov.* <sup>Day</sup> *24* <sup>Age</sup> *6* <sup>Years</sup> *0* <sup>Months</sup> *0* <sup>Days</sup> *0*

Sex *female* Color or Race *white* Birth-place *Pakoma Park*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Senois B. Smith* Father's Birthplace *Wis*

Mother's Maiden Name *Eva Heilrich* Mother's Birthplace *Ohio*

Name of person giving information *Eva Smith* How related to deceased *Mother*

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary *Senois B. Smith* How long \_\_\_\_\_

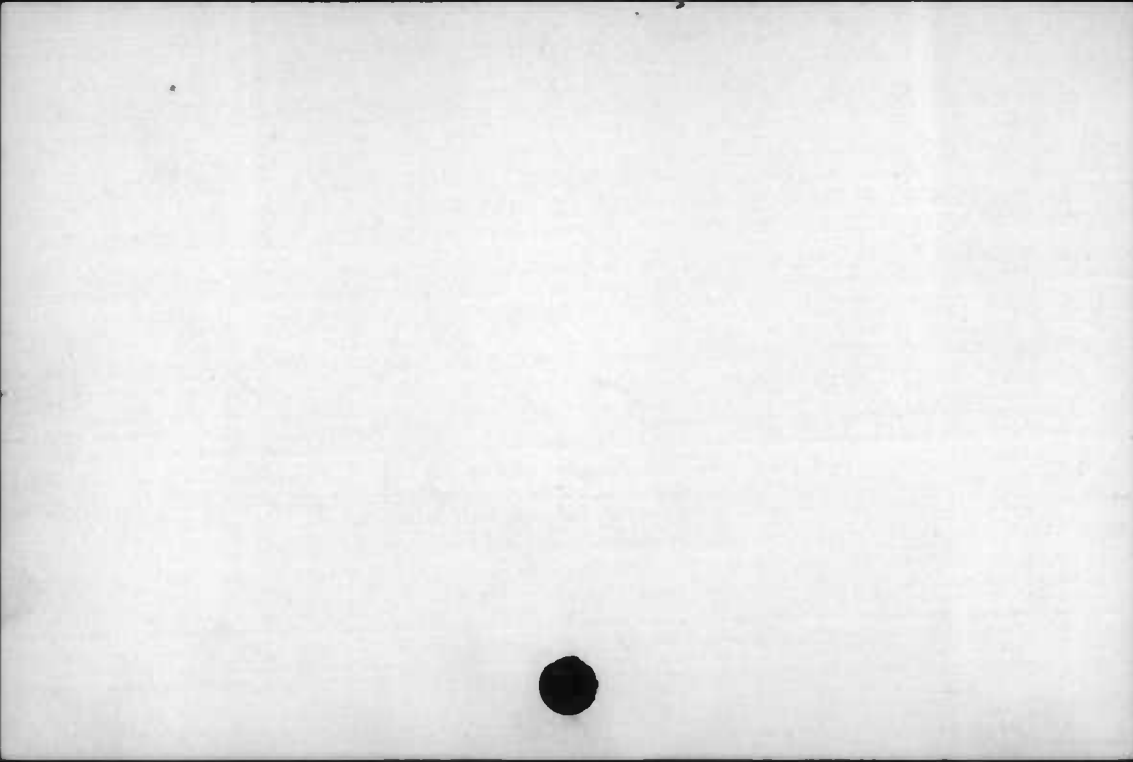
Immediate *Exhaustion* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Alfred T. Parsons*

Address *Pakoma Park, Md.*

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Annie Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

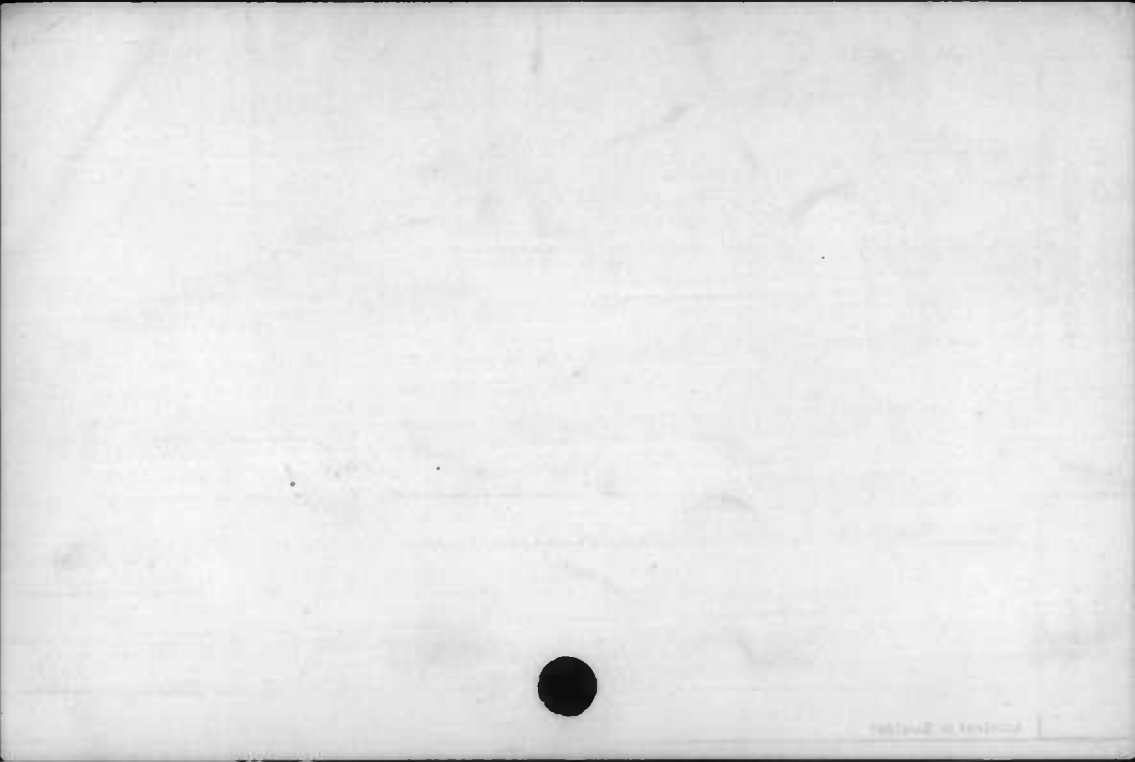
Died at <i>near Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>11</i>	Day <i>25</i>	Age <i>35</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Philips Case</i>	How related to deceased <i>Not at all</i>				

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary <i>Burned to death</i>	How long <i>Sixteen hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide? <i>Accident</i>	



Name  
in  
Full

Ruth F. Welch

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Woodside* <sup>County</sup> *Montgomery* **MARYLAND**

Date of death *1909* Month *11* Day *22* Age *20* Months *10* Days *15*

Sex *female* Color or Race *white* Birth-place *Mass.*

Occupation *clerk* Where Residing if not at place of death

~~Married, Single~~ *Single* Name of Wife or Husband

Father's Name *Martin W. Welch* Father's Birthplace *Ireland*

Mother's Maiden Name *Helen Lynch* Mother's Birthplace *New York*

Name of person giving information *Sister, Mrs. E. Koch* How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

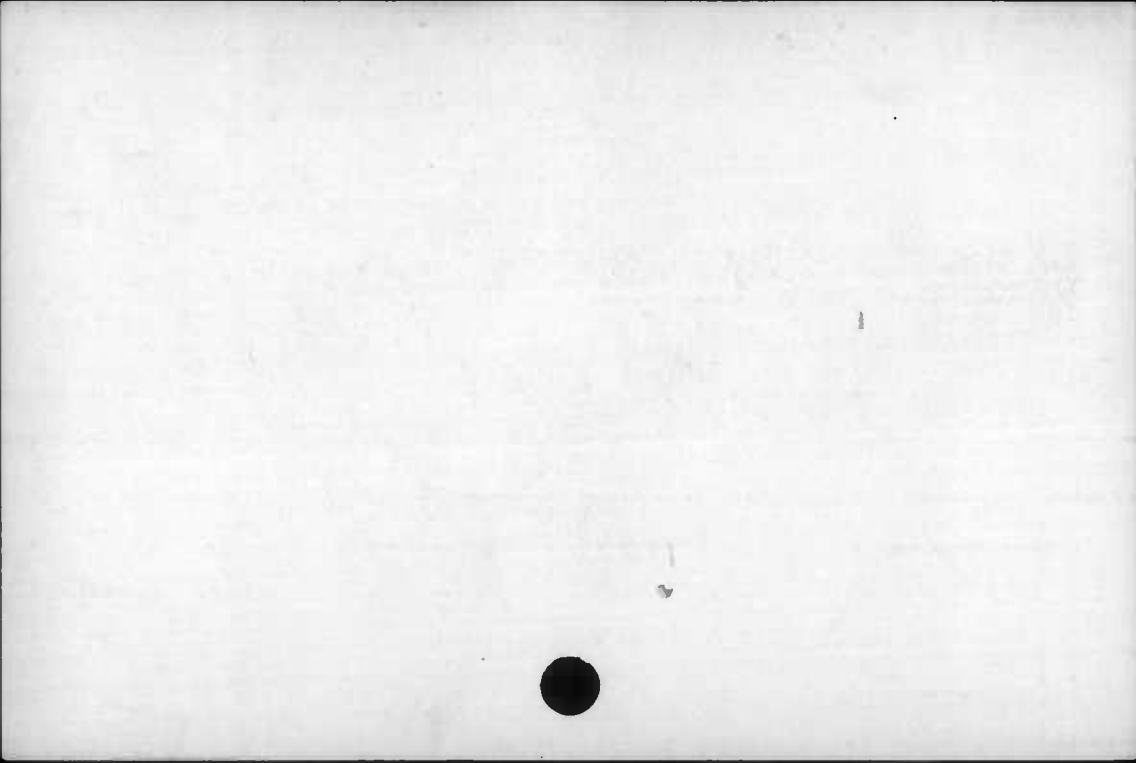
Primary *Typhoid fever* How long *20 days*

Immediate *Sudden heart failure* How long

Are the name, age, sex, color, date and place correctly given above?  Signature of Physician *H. Steenright*

Address *7 Oak Glen*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Takoma Park</i> <sup>Town</sup> <i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909 Nov 22</i>	Month <i>Nov</i>	Day <i>22</i>	Age <i>65</i> Years
Sex <i>A</i>	Color or Race <i>white</i>	Birth-place <i>N.Y.</i>	Months <i>X</i> Days <i>X</i>
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>		
<del>Married</del> Single or Widowed	Name of Wife or Husband <i>William Elden</i>		
Father's Name <i>George Towne</i>	Father's Birthplace <i>N.Y.</i>		
Mother's Maiden Name <i>Elizabeth Towne</i>	Mother's Birthplace <i>N.Y.</i>		
Name of person giving information <i>Elsie Cousen</i>	How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>one month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Alfred T. Parsons</i>
	Address <i>Takoma Park D.C.</i>
Accident or Suicide?	

